

North 43 Lagoon

Application for Wastewater System Connection

To be completed by the Homeowner

Date of Application: _____

Landowner(s):

(Print Clearly)

First Last M.I.

First Last M.I.

Mailing Address:

Street Address

Postal Code

Contact Info:

Phone (Home)

Phone (Cell)

Email

Municipal Service Area

Lac Ste. Anne County

Summer Village of Yellowstone

Summer Village of Castle Island

Summer Village of Ross Haven

Service Location:

Legal Lot Block Plan

Street Address (if Available)

To be completed by the Installer

Company Name: _____

Telephone Number: _____

Address: _____

1. Holding Tank: Existing Tank Single Chamber Dual Chamber
Existing Tank Condition Assessment Adequate Potential for Leakage
New Tank Single Chamber Dual Chamber
2. Effluent Pump: Model _____ Serial Number _____
3. Pipe Connection: Pump Outlet Depth _____ (m) Frost Controls _____

Approval received from North 43 Commission for an alternative pump:
(Attach Specifications and approval letter)

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____

Office Use Only

Connection is Acceptable: Permits Received:

Old System disconnected: Leakage Test Passed:

Date Wastewater Connection Opened: _____ (Plumbing and Electrical)

Additional Notes: _____

The Personal information that is being collected will be used for the purpose of all provisions in providing the wastewater service to the applicant. The personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the Commission's administrator at 56521 Range Road 65, Box 219, Sangudo, AB T0E 2A0, 780-785-3411.

North 43 Signature: _____ Date: _____

